



## ***Bitter Pill: Montana Lives Affected by Rx Abuse***

### **Condition of Participation Form**

Please type or print legibly.

I represent and attest that the artwork submitted is that of my own creation, design, and/or work. If accepted, I give my permission for my artwork and my accompanying artist statement to appear in the *Bitter Pill: Montana Lives Affected by Rx Abuse* art exhibition. As the artist and lender of the artwork, I understand that I assume all risk of damage or loss. I understand that any damage or loss of artwork is not the responsibility of any party involved with the exhibition, including but not limited to any sponsor, judge, volunteer, or other member or participant, and I hereby waive and abandon any claims for damage to or loss of my artwork.

I hereby give my permission for the hosting agencies to retain my artwork for up to one year from the date of the Billings, MT art exhibition opening reception. I give my permission for the hosting agencies to photograph/copy my artwork and accompanying artist statement for use in any way relating to the promotion of the exhibition and related prescription drug abuse prevention efforts, including but not limited to media releases, newsletters, and websites. I give permission for my artwork and my accompanying artist statement to be used by the hosting organizations in subsequent art exhibitions of the same theme during the year they have retained my artwork. I understand and agree that publication and use of my artwork and accompanying artist statement by the hosting agencies is done at no charge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### ***(If under the age of 18)***

I am the parent or legal guardian of \_\_\_\_\_, a minor under 18 years of age. I have been provided with a copy of the Guidelines for Submission for the *Bitter Pill: Montana Lives Affected by Rx Abuse* art exhibition. I agree to the terms set forth in the Conditions of Participation and I hereby give my permission for the artwork and accompanying artist statement created by \_\_\_\_\_ to appear in the *Bitter Pill: Montana Lives Affected by Rx Abuse* art exhibition.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_